

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12-08-03.

I. DISPUTE

Whether there should be additional reimbursement for CPT code L3670 for date of service 05-20-03.

II. FINDINGS

The medical necessity issues for date of service 05-20-03 were withdrawn on 01-13-04 by Jaki Dean from Oxymed, Inc. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 02-23-04 requesting the requestor to submit additional documentation necessary to support the fee charge and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

CPT code L3670 was inappropriately denied by the respondent based on "F" denial code of a DME item with no established MAR. The requestor submitted appropriately redacted explanation of benefits supporting their request for additional reimbursement. Based upon Rule 133.307 (g)(3)(A-F) additional reimbursement in the amount of \$390.00 is recommended.

IV. DECISION AND ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to additional reimbursement for CPT code L3670. This Decision is applicable for date of service 05-20-03 in this dispute.

The above Findings and Decision is hereby issued this 29th day of April 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh